DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/03/2015 FORM APPROVED OMB NO. 0938-0391

INTITLAL COMMENTS A Life Safety Code Recertification and State Licensure Survey awas conducted by the Indiana State Department of Health in accordance with Requirements for Participation in Medicare/Medical Az CFR Subject on Sask and Center halls and the main dining room was surveyed with Chapter 19, Existing Health Care Occupancies. The original one story building was determined to be of Type V (000) construction and fully sprinklered. The new addition was determined to be of Type V (000) construction and fully sprinklered. The new addition was determined to be of Type V (000) construction and fully sprinklered. The new addition was determined to be of Type V (000) construction and fully sprinklered. The new addition was determined to be of Type V (000) construction and fully sprinklered. The new addition was determined to the original state of the Survey of the special sprinklered. The new addition was determined to be of Type V (000) construction and fully sprinklered. The new addition was determined to the original state in the sleeping rooms of the Rehabilitation Center. Battery operated smoke detectors in the sleeping rooms of the original section of the building. The facility has a capacity of 76 and had a census of 49 at the time of this survey.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	2) MULTIPLE CONSTRUCTION BUILDING 01, 02		(X3) DATE SURVEY COMPLETED		
MILLER'S MERRY MANOR SUMMARY STATEMENT OF DEFICIENCES CRAFT, IN 45738			155583	B. WING _	B. WING			12/01/2015	
PREFIX TAG REGULTORY OR LSC IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 12/01/15 Facility Number: 000499 Provider Number: 105583 AlM Number: 100266120 At this Life Safety Code survey, Miller's Merry Manor was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety Code (LSC) and 410 IAC 162. The original building consisting of the East, West, Back and Center halls and the main dining room was surveyed with Chapter 19, Existing Health Care Occupancies. The original one story building was determined to be of Type I (332) construction and fully sprinklered. The new addition was determined to be of Type 1 (332) construction and fully sprinklered. The facility has a capacity of 78 and had a census of 49 at the original section of the building. The facility has a capacity of 78 and had a census of 49 at the receipt of the construction and fully has a capacity of 78 and had a census of 49 at the construction and fully has a capacity of 78 and had a census of 49 at the construction and fully has a capacity of 78 and had a census of 49 at the construction and fully has a capacity of 78 and had a census of 49 at the construction of 49 at the construction of 49 at the construction and 50 and 10 an					STREET ADDRESS, CITY, STATE, ZIP CODE 1367 S RANDOLPH ST				
A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 12/01/15 Facility Number: 000499 Provider Number: 155583 AIM Number: 100266120 At this Life Safety Code survey, Miller's Merry Manor was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the East. West, Back and Center halls and the main dining room was surveyed with Chapter 19, Existing Health Care Occupancies. The original one story building was determined to be of Type I (332) construction and fully sprinklered. The new addition was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors are installed in the sleeping rooms of the original section of the building. The facility has a capacity of 76 and had a census of 49 at	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			COMPLETION	
Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 12/01/15 Facility Number: 000499 Provider Number: 15583 AIM Number: 100266120 At this Life Safety Code survey, Miller's Merry Manor was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the East, West, Back and Center halls and the main dining room was surveyed with Chapter 19, Existing Health Care Occupancies. The original one story building was determined to be of Type I (332) construction and fully sprinklered. The new addition was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors are installed in the sleeping rooms of the Rehabilitation Center. Battery operated smoke detectors are installed in the sleeping rooms of the original section of the building. The facility has a capacity of 76 and had a census of 49 at	K 000	INITIAL COMMENTS		K	000				
the original section of the building. The facility has a capacity of 76 and had a census of 49 at		Licensure Survey was State Department of It CFR 483.70(a). Survey Date: 12/01/1 Facility Number: 0004 Provider Number: 158 AIM Number: 100266 At this Life Safety Code Manor was found in the Requirements for Part Medicare/Medicaid, 4 Life Safety from Fire at National Fire Protectic Life Safety Code (LSG original building consistence of Safety and Center halls was surveyed with CFC Care Occupancies. The original one story be of Type I (332) cor sprinklered. The new be of Type V (000) consprinklered. The facil with smoke detection open to the corridors detectors in the sleep Rehabilitation Center.	de survey, Miller's Merry compliance with ticipation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C) and 410 IAC 16.2. The isting of the East, West, is and the main dining room napter 19, Existing Health of building was determined to instruction and fully addition was determined to instruction and fully ity has a fire alarm system in the corridors, spaces and hard wired smoke ing rooms of the Battery operated smoke						
		the original section of has a capacity of 76 a	the building. The facility and had a census of 49 at						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000499

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED	
	155583 B. WING		12/01/2015				
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR			•	130	REET ADDRESS, CITY, STATE, ZIP CODE 67 S RANDOLPH ST ARRETT, IN 46738		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	access were sprinkler facility services were storage unit used for	esidents have customary red. All areas providing sprinklered, except a general storage.	К	000			
K 000	Quality Review completed 12/02/15 - DA INITIAL COMMENTS		K	000			
	Licensure Survey was	ecertification and State s conducted by the Indiana Health in accordance with 42					
	Survey Date: 12/01/1	5					
	Facility Number: 0004 Provider Number: 155 AIM Number: 100266	5583					
	Manor was found in a Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC 2007 addition of the 1	ticipation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C) and 410 IAC 16.2. The					
	be of Type I (332) cor sprinklered. The new be of Type V (000) co sprinklered. The facil with smoke detection	addition was determined to instruction and fully ity has a fire alarm system in the corridors, spaces and hard wired smoke					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	MULTIPLE CONSTRUCTION ILDING 01, 02		(X3) DATE SURVEY COMPLETED	
		155583	B. WING _			12/01/2015	
	NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1367 S RANDOLPH ST GARRETT, IN 46738			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PI REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
K 000	Rehabilitation Center detectors are installed the original section of has a capacity of 76 at the time of this survey. All areas where the re	Battery operated smoke d in the sleeping rooms of the building. The facility and had a census of 49 at y. esidents have customary red. All areas providing sprinklered, except a general storage.	K	000			